

**OFFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

RD NO. **HY335302**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

<b>OFFICER INFORMATION</b>			<b>INCIDENT INFORMATION</b>		
NAME (LAST - FIRST - M.I.) <b>SCHAFFER, JOHN F</b>			<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR <b>ADDRESS OF OCCURRENCE</b> <b>10639 S COTTAGE GROVE AVE</b> CITY <input checked="" type="checkbox"/> CHICAGO      STATE (If outside Chicago) <input type="checkbox"/> <b>LOCATION CODE</b> <b>304-STREET</b> <b>BEAT OF OCCURRENCE</b> <b>0512</b> <b>DATE OF OCCURRENCE</b> <b>TIME</b> <b>DAY OF WEEK</b> <b>10-JUL-2015</b> <b>16:03:00</b> <b>FRIDAY</b> <b>NO. OF OFFICERS BATTERED</b> <u>8</u> WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES    2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>7</u>		
STAR NO. <b>14920</b>			POSITION <b>POLICE OFFICER</b>		
DATE OF APPOINTMENT <b>16-DEC-2009</b>			EMPLOYEE NO. [REDACTED]		
UNIT OF ASSIGNMENT <b>004</b>			BEAT/CALL NO. <b>0461E</b>		
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE</b>	DOB [REDACTED]			
HEIGHT <b>603</b>	WEIGHT <b>200</b>				
<b>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</b>					
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER <u>UNMARKED</u>		<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
<b>MANNER OF ATTACK</b>					
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		(Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER <b>45 ACP</b>			
		<input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____			
<b>TYPE OF WEAPON/THREAT</b>					
		(Check all that apply): <input checked="" type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT FIREARM USE INFORMATION (Check all that apply): <input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON			
<b>OFFENDER INFORMATION</b>					
SEX <input checked="" type="checkbox"/> 1. M		RACE <b>BLACK</b>	DOB [REDACTED]		
CB NO. <b>00000000</b>		IR NO.			
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?      GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN					
NO. OF OFFENDERS PRESENT? <u>1</u>					
<b>TYPE OF INJURY TO OFFICER</b>					
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE					
<b>LIGHTING CONDITIONS AT INCIDENT</b>					
<input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1 POOR <input type="checkbox"/> <input type="checkbox"/> 2 GOOD			<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND		
APPROXIMATE OUTDOOR TEMPERATURE: <u>72°F</u>					

**R/O & ASSISTING OFFICERS WERE IN FEAR OF RECEIVING GREAT BODILY HARM & DEATH  
WHEN THE OFFENDER MCSWAIN, WHILE ARMED WITH A COLT, .45 CALIBER SEMI-AUTOMATIC PISTOL PRESENTED A THREAT TO R/OS & ASSISTING OFFICERS.**

Log 1076081  
VB 15-10  
AM 37

REPORTING MEMBER - SIGNATURE  
**SCHAFFER, JOHN F**

STAR NO.  
**14920**

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
**WALLER, FRED L**

**464**